

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

476,078

|  |                                     |
|--|-------------------------------------|
| DATE: <u>6/21/2000</u>                                 | FROM: <u>Thai Tran</u> (print name) |
| REASON(S):   |                                     |
| A. You had Parent <input type="checkbox"/> (check box) |                                     |
| B. See Title <input type="checkbox"/> (check box)      |                                     |
| C. See Abstract <input type="checkbox"/> (check box)   |                                     |
| D. See Claim(s): <input type="checkbox"/> (check box)  |                                     |
| FORWARD TO:  |                                     |
| A. Art Unit: <u>2743</u>                               |                                     |
| B. Class: <u>381</u>                                   |                                     |
| C Subclass: <u></u>                                    |                                     |

## FURTHER EXPLANATION IF NEEDED:

audio,

|  |                          |
|--|--------------------------|
| DATE: _____  | FROM: _____ (print name) |
| REASON(S):   |                          |
| A. You had Parent <input type="checkbox"/> (check box) |                          |
| B. See Title <input type="checkbox"/> (check box)      |                          |
| C. See Abstract <input type="checkbox"/> (check box)   |                          |
| D. See Claim(s): _____                                 |                          |
| FORWARD TO:  |                          |
| A. Art Unit: _____                                     |                          |
| B. Class: _____  |                          |
| C Subclass: _____                                      |                          |

## FURTHER EXPLANATION IF NEEDED:

|  |                          |
|--|--------------------------|
| DATE: _____  | FROM: _____ (print name) |
| REASON(S):   |                          |
| A. You had Parent <input type="checkbox"/> (check box) |                          |
| B. See Title <input type="checkbox"/> (check box)      |                          |
| C. See Abstract <input type="checkbox"/> (check box)   |                          |
| D. See Claim(s): _____                                 |                          |
| FORWARD TO CLASSIFIER                                  |                          |
| [REDACTED]   |                          |

## FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|  |                   |
|--|-------------------|
| DATE: _____  | CLASSIFIER: _____ |
| REASON(S):   |                   |
| A. You had Parent <input type="checkbox"/> (check box) |                   |
| B. See Title <input type="checkbox"/> (check box)      |                   |
| C. See Abstract <input type="checkbox"/> (check box)   |                   |
| D. See Claim(s): _____                                 |                   |
| FORWARD TO:  |                   |
| A. Art Unit: _____                                     |                   |
| B. Class: _____  |                   |
| C Subclass: _____                                      |                   |

## FURTHER EXPLANATION IF NEEDED: